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Draft country programme document***

Romania

Summary

The Executive Director presents the draft country programme document for Romania for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $3,385,000 from regular resources, subject to the availability of funds, and $11,615,000 in other resources, subject to the availability of specific purpose contributions, for the period 2005 to 2009.

* Submission of the present document was delayed by necessary consultations with the UNICEF country office.

** E/ICEF/2004/8.

*** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

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Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	4.8
U5MR (per 1,000 live births)	21
Underweight (%, moderate and severe, 2000)	5
Maternal mortality ratio (per 100,000 live births, 2001)	34
Primary school enrolment (% net, male/female, 2000/2001)	93/93
Primary school children reaching grade 5 (%, 1996)	96
Use of improved drinking water sources (%, 2000)	58
Adult HIV prevalence rate (%, 2001)	<0.1
Child work (%, children 5-14 years old)	
GNI per capita (US$)	1 850
One-year-olds immunized against DPT3 (%)	99
One-year-olds immunized against measles (%)	98

The situation of children and women

1. Romania's population in 2002 was approximately 22 million, more than half of whom live in urban areas. According to the 1999 Reproductive Health Survey (RHS), 5 per cent (1 million) of the population consider themselves of Hungarian origin, and 5 per cent (1 million) as Roma. There are 5 million children under the age of 18 years. The total fertility rate was 1.3 children per woman in 2001, reflecting a declining population.

2. Romania finds itself at an important juncture. The target year for accession to the European Union — 2007 — is close. The pace of reform has been rapid and will need to accelerate further to achieve the targets for accession. With such a fast-moving and changing environment and high aspirations, there is a risk, however, that the complexity of the reforms and their impact on children, young people and women may be overlooked.

3. Romania has made significant progress towards creating a pluralist governance system and moving to a market economy. The Government has shown considerable commitment to a reform process. A number of laws, policies and programmes have been adopted. Seven national plans of action covering most of the goals of *A World Fit for Children* have been launched during the last three years and are being implemented.

4. A series of development challenges still remain, however. In reviewing Romania's report in January 2003, the Committee on the Rights of the Child highlighted the continuous discrimination against Roma children and the girl child, underscoring the weak implementation of enacted legislation and the need to further facilitate the involvement of civil society and the private sector in service provision. The Committee also underlined the importance of increased budgetary allocations for education and health, as well as the need for fiscal decentralization, with a particular focus on children living in disadvantaged counties.

5. Steps have been taken to improve the budget process, but monitoring and oversight of public spending remains weak. The 2003 Common Country Assessment (CCA) found that corruption continues to affect Romania's image and the functioning of its public institutions. Despite economic growth of 4 per cent in both 2001 and 2002, and a relatively high gross national income per capita of $1,850, 23 per cent of the population, mostly in rural areas, live below the poverty line. Despite economic growth, unemployment increased to 8 per cent in 2002 with double figures among 15-24-year-olds. Young people in rural areas increasingly run the risk of being recruited into the drug trade and human trafficking.

6. After reaching a peak of 100,000 in the mid-1990s, the number of institutionalized children decreased to fewer than 37,000 by the end of 2003. By mid-2003, 50 per cent of children deprived of parental care were living in a family environment, compared to 20 per cent in 1997. Over the last few years, there has also been a reduction in the number of children with disabilities living in residential care institutions. More than 18,000 children with disabilities were integrated into regular schools during the 2001-2002 school year, although the school system was not completely prepared for this.

7. Romania is one of the three largest source countries in the world for adoptions. Between 1994 and 2000, more than 12,000 children were adopted by families outside Romania. Mismanagement and corruption led to a moratorium on intercountry adoptions in 2001. The lifting of the moratorium is conditional on the ratification of a new adoption law and the creation of appropriate structures.

8. A 2000 study on child abuse in residential care institutions, carried out by the National Authority for Child Protection and Adoption with UNICEF support, found child abuse to be widespread, albeit at lower levels in recent years. Almost 50 per cent of children interviewed confirmed the use of beating as punishment. One third of children were aware of cases of children being sexually abused, with the majority of abusers being other children. Another study in 2000 found that 47 per cent of parents reported that they frequently used beatings as a means of disciplining their children.

9. The estimated number of children living in the streets has decreased from 3,200 in 2000 to 1,900 in 2003, of whom 300-400 are in Bucharest alone. There are more than 70,000 working children, i.e., about 2 per cent of children aged 5-17 years. The worst forms of child labour are found among rural, Roma, street and trafficked children. It is difficult to assess the number of children involved in trafficking, but Romania is both a large source and a main transit country for trafficking. According to police records, approximately 800 children and women were trafficked between 2000 and 2003, but this figure is believed to be far below the actual number. The number of children in conflict with the law declined to approximately 14,000 cases in 2001 but is still higher than in 1990. Due to a lack of alternatives and understanding, imprisonment is still seen as the only recourse by many judges, who have no special training for cases involving minors.

10. The adult HIV prevalence rate is estimated to be less than 0.1 per cent. A growing number of HIV/AIDS infections are among intravenous drug users and young people. There are an estimated 30,000 injecting drug users in Bucharest alone. Hepatitis C and B are also prevalent among these groups, suggesting a high rate of needle sharing. Knowledge about prevention and transmission of HIV/AIDS has increased over the last decade, although less significantly in rural areas and

among the Roma minority. According to the 1999 RHS, as few as 23 per cent of young people had a comprehensive knowledge of HIV/AIDS. Among the 10,000 persons living with HIV/AIDS, 7,000-9,000 are children infected nosocomially during 1986-1991.

11. The enrolment rate for 3-6-year-olds in pre-schools increased to more than 70 per cent for the 2002-2003 school year, but is only 20 per cent among Roma children. Reduced budgetary allocations and a widening gap in incomes are increasingly excluding vulnerable children from pre-school education.

12. The net enrolment rate for grades 1-8 is 88 per cent, with no marked gender disparity but with lower rates in rural areas. Only 61 per cent of Roma children 7-16 years old were enrolled in school in 1998, a shortfall related to poverty and the lack of flexibility of the formal school system to cater for minority needs. The school system is also struggling with inadequate infrastructure, outdated and gender-insensitive school curricula and deficiencies in teaching materials. The proportion of unqualified teachers in rural areas is almost twice that in urban areas. The Committee on the Rights of the Child underlined the need to increase the length of compulsory education and to ensure that curricula and teaching methodologies include critical thinking and problem-solving.

13. One of the achievements of the country has been in reducing infant and child mortality. The infant mortality rate (IMR) and under-five mortality rate both have continued to decline, reaching 19 and 21 per 1,000 live births respectively in 2002. According to the 1999 RHS, the IMR among Roma was twice that of other Romanian infants. Eighty per cent of infant deaths are due to perinatal causes, respiratory diseases and congenital malformations. Perinatal deaths are caused by premature birth and low birth weight, indicating the need for improved antenatal care. Romania has a well-functioning vaccination system, reaching close to 100 per cent of children. The national nutrition surveillance programme indicated that the incidence of stunting increased from 9 per cent in 1991 to 20 per cent in 2000, with the highest rates in the Moldova region. Anaemia among children is high (50 per cent), while 40 per cent of pregnant women and 30 per cent of young mothers with children under five are anaemic. Exclusive breastfeeding is virtually unknown. The median urine iodine excretion in school children is well below international standards. Only 53-64 per cent of households use iodized salt.

14. At 34 per 100,000 live births in 2001, the maternal mortality ratio corresponds to approximately 75 maternal deaths per year. One half of these deaths are due to abortions, which often are not medically supervised. Thirty per cent of abortions take place among women under 24 years. Among the causes of the high abortion rate are the lack of knowledge among women and lack of confidence in family planning services.

15. Civil society structures in the country remain weak and too often depend on public resources. Existing spaces for participation of non-governmental groups, community organizations and young people in institutions that affect their lives (schools, residential care institutions, community and social centres) are to be reinforced and extended. The capacities of development partners, including the media and the private sector, to work with the Government in providing a framework for participation of excluded groups, remain to be built.

Key results and lessons learned from previous cooperation, 2000-2004

Key results achieved

16. The previous programme aimed to support Romania during a difficult period of economic transition, with a focus on ensuring that the rights of children, especially the most marginalized, were protected. Among the key results were the adoption and implementation of a set of legislative packages, strategies, and action plans that led to institutional reform. This included the development of manuals and guidelines for care and service delivery in the areas of social welfare assistance, juvenile justice, child trafficking and exploitation, and social integration of young people. A new decentralized government strategy on the protection of children in difficulty was introduced. Integrated, community-based services for vulnerable and marginalized children were put in place by local government structures in 12 counties.

17. New legislation on universal salt iodization was introduced. A National Nutritional Surveillance System has been created. Changes in policies, standards and protocols for maternal and child health led to better quality and more client-friendly health facilities. This included the establishment of a National Breastfeeding Committee, which led to the relaunching of the Baby Friendly Hospital Initiative (BFHI) and the declaration of 10 major hospitals, covering 25 per cent of births, as "baby-friendly". The network of community nurses expanded. In collaboration with the Ministries of Health and Education, life-skills-based health education was introduced into school curricula, and teachers in 10,000 schools were using these health education materials by the end of 2003.

18. A national multisectoral AIDS commission was established with support from UNICEF and other cosponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS). The National Strategy on HIV/AIDS was revised. With support from UNAIDS, UNICEF and the World Health Organization, Romania was accepted into the Accelerated Access to Care programme in 2001 and was able to benefit from reduced prices for antiretroviral drugs. The number of people living with HIV/AIDS receiving antiretroviral therapy increased from 3,800 in 2000 to 5,200 by the end of 2003.

19. Approximately 10,000 parents improved their child-rearing skills through participation in parenting classes. National strategies were introduced for early childhood development (ECD) and education of Roma children. Of 56 local child and youth councils, 11 are now able to promote child rights and facilitate the participation of children. Over 10,000 children in pilot counties have been exposed to education about child rights and human rights.

Lessons learned

20. The 2002 mid-term review (MTR) noted that the programme had encountered difficulties in going to scale with best practices. It also emphasized the importance of identifying innovative interventions with the potential to be replicated and sustained.

21. The MTR also highlighted the need for strengthened monitoring and evaluation to improve programme implementation. A number of internal programme

assessments that relied on focus group discussions were found to be insufficient and need to be supplemented by external evaluations. An assessment of previously supported innovative projects will assist in understanding the criteria needed for replication.

22. A review of UNICEF efforts in the area of child protection found that many local authorities need better regulatory frameworks and professional competencies in management, as well as good-quality assessment tools. Similarly, many local physicians lack a broader public health perspective and managerial skills.

23. While Romania's process of accession to the European Union is ongoing and necessary reforms are being implemented, the improvement of the health, education and protection of Romanian children, especially those from marginalized groups living in underserved areas, has been slower than expected. Among the challenges that will need to be addressed is the sustainability of the policy development processes already being implemented. This has underlined the urgency of strengthening the tracking of socio-economic indicators during the coming period. It will be important for the programme to monitor that change and adjust its focus in tune with the evolving situation.

The country programme, 2005-2009

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Child rights monitoring	500	500	1 000
Child protection	500	5 000	5 500
Health, nutrition and HIV/AIDS	500	3 200	3 700
Education	635	2 915	3 550
Cross-sectoral costs	1 250	-	1 250
Total	**3 385**	**11 615**	**15 000**

Preparation process

24. The preparation of the CCA and Romania's second United Nations Development Assistance Framework (UNDAF) started in December 2002. Six thematic working groups collaborated closely with government partners and non-governmental organizations (NGOs). UNICEF chaired the UNDAF inter-agency Steering Committee, in which the United Nations Development Programme and other agencies also participated.

25. The preparation of the country programme started in November 2003, overseen by the Ministry of Foreign Affairs. The programme is based on the CCA/UNDAF recommendations. Three sectoral working groups comprising line ministries, institutions and NGOs contributed to a strategy paper. Consultations with children resulted in a set of recommendations reflecting their views, which were fed into the programme preparation process. A Joint Strategy Meeting reviewed and endorsed

the UNDAF results matrix and provided an opportunity for review and approval of the country programme in the context of accession to the European Union.

Goals, key results and strategies

26. The country programme aims to support Romania in ensuring that all children and young people, including the most vulnerable and marginalized, can grow up in a caring family or family-like environment and that their fundamental rights for survival, development, participation and protection are fully realized.

27. Strategic results to be achieved by the end of 2009 will include the establishment of a monitoring system for child rights which will be influencing policy at the national and subnational levels. In addition, the most vulnerable and marginalized children, young people and women will enjoy an improved and sustainable protective environment and will have increased access to services to improve their health and nutritional status. All young people will be able to protect themselves from HIV/AIDS infection and children already infected by HIV will have access to appropriate care and support. Children from vulnerable families and groups will have improved access to quality and inclusive education, leading to increased completion rates for compulsory schooling. There will be increased participation of civil society on issues affecting children and improved capacity of young people to influence decisions that affect their lives.

28. The strategic results will be achieved in two phases, with a focus during the pre-accession period (2005-2006) on reinforcing national capacities and filling gaps in policy development. Current trends in socio-economic indicators point to the important role the 2005-2009 country programme may have, after the effective accession date, to support the realization of the rights of children.

29. The main strategies of the country programme centre on a human-rights-based approach that will support inclusion and reduce disparities and discrimination. It also will promote integrated inclusive services at a local level and strengthen the role of the family.

30. The programme takes as an important context and strongly complements the reform process undertaken as part of accession to the European Union. This implies a programme that is moving increasingly away from service delivery towards advocacy and capacity-building. Service delivery will primarily support the development of innovative, family-centred interventions that focus on inclusion of marginalized groups and are suitable for replication in underserved areas. The programme will make maximum use of the unique position of UNICEF for advocacy in order to put priority problems of children, young people and women on the national political and policy agendas. Support to monitoring of child rights, social research and knowledge generation will improve understanding of the situation of the most vulnerable and marginalized children and families and contribute to evidence-based advocacy.

31. The capacities of local policy makers, service providers, communities and families in the most underserved areas will be strengthened, based on gaps identified through research and studies. This will be supported by building capacities that promote a second level of reforms which will include systems change for effective decentralization. Strategic partnerships with key NGO federations and community-

based organizations will be strengthened so they can work more effectively with socially excluded target groups.

32. In all programmes, UNICEF will be strategic in the provision of its support, using a mix of policy development, technical assistance and international expertise. Promotion of partnerships and networking, social mobilization and awareness-raising, advocacy and leveraging resources will be integral to each part of the programme. Monitoring and support for local research will be central to the success of the programme.

Relationship to national priorities and the UNDAF

33. Romania has assigned the highest priority to meeting the criteria for accession to the European Union, particularly in developing legislative packages and reforms in key social sectors, health, education and specifically child protection. A number of "nationalized" Millennium Development Goals have also been identified, with clear targets to further reduce child mortality, improve maternal health and assure primary and secondary education. The strategic results of the programme correspond directly to these national targets, the CCA/UNDAF, the National Strategy on HIV/AIDS and the national strategy for the protection of children in difficulty With its focus on the family environment, decentralization, intersectoral interventions and broad-based partnerships, the UNICEF country programme directly supports these national goals.

34. The UNDAF outcomes are related to the three priority areas of capacity-building for good governance, economic growth and basic social services. The strategies and expected results of the programme will contribute to two of the three UNDAF outcomes, good governance and basic social services.

Relationship to international priorities

35. As the programme has been developed in the context of achieving the national goals mentioned above, it is consistent with the Millennium Development Goals.

36. The programme addresses all priorities of the UNICEF medium-term strategic plan with the exception of immunization "plus", because Romania has a well-functioning immunization system. Support for girl's education will include a focus on increased enrolment rates among rural and Roma children and the promotion of a balanced and gender-sensitive curricula. ECD will be supported through launching of the Integrated Management of Childhood Illness (IMCI) and Making Pregnancy Safer initiatives, and expanding BFHI and other interventions to promote breastfeeding, improved micronutrient status and salt iodization. ECD will also be supported through enhancing the system of pre-school and parents' education, and through interventions for preventing abandonment of children. Fighting HIV/AIDS will be addressed through support to the large group of children and young people living with HIV/AIDS and strengthening prevention efforts among highly vulnerable young people.

37. Improved protection of children will be supported through integrated policies and services that target vulnerable families and communities while promoting inclusive restorative policies and services for marginalized groups of children in underserved areas. UNICEF will also explore regional opportunities to promote young people's development and participation. Gender mainstreaming, focusing on

vulnerable and marginalized groups in underserved areas, will be explored in all programmes.

Programme components

Child rights monitoring

38. In a context of rapid change in the sense leading up to accession to the European Union, the importance of investing in children and ensuring that social safety nets are in place and working effectively becomes central. There is ample evidence that transition to a market economy has resulted in social costs for children, young people and women which are often concentrated on certain groups. An example is the decline in children's nutritional status since 1993, a deterioration which is often associated with women's eroding educational status. The changing attitudes and behaviours of young people reflect their having borne the brunt of changes during the transition to a new model of economic development.

39. A comprehensive monitoring system is needed for regular assessment of trends in children's well-being and progress on children's rights during this period of rapid change. This is required both at national and subnational levels. Policy frameworks and standards are not yet fully supportive of child rights. The Committee on the Rights of the Child underlined the need for a comprehensive national plan of action for children; an ombudsman for children; and strengthening of the National Authority for Child Protection and Adoption.

40. This programme component will centre on monitoring of child rights. It will include the establishment of a child rights information tracking system, using disaggregated data to inform policy. UNICEF will support an independent monitoring structure for children's rights, including strengthening the newly established Child Rights Observatory and the position of ombudsman for children. The programme will help create a vision of broad social change needed to ensure positive social outcomes for children, young people and women during the this period of transformation. It will support monitoring of implementation of the Convention on the Rights of the Child, achievement of the nationalized Millennium Development Goals and progress towards the goals of *A World Fit for Children* and *Romania Fit for Children*.

41. The programme component will also work in the area of communication and partnerships for social change. In order to translate the data on trends and analysis of progress for the realization of child rights into policy, a major effort will be needed in terms of communication and building alliances around children's rights. UNICEF will support the establishment of informal and formal forums where parliamentarians, political leaders, the media and civil society are able to have a dialogue on priority concerns affecting children, young people and women and take a leadership role in promoting appropriate policy changes. Spaces for partnerships with young people will be created, including involving young people in monitoring processes and carrying out studies. This programme component will be undertaken in partnership with sectoral ministries, civil society organizations including NGOs and the various federations of child rights organizations.

Child protection

42. Progress toward reform of the social support system still faces a number of challenges, especially related to exclusion of certain groups, notably Roma and other minorities. There are at present limited capacities to monitor and prevent violations of children's rights. Family-based alternatives to institutions are only beginning to be established. There are limited capacities to provide of integrated restorative services at the local level. Attitudes and practices among parents and local service providers remain unsupportive of child rights.

43. Working at the level of child and family welfare policies, UNICEF will provide support to review and ensure a strengthened overall child protection and welfare system. A set of inclusive policies and legislation in favour of children, women and families, particularly the most vulnerable, marginalized and excluded, will be developed, implemented and monitored. Social service providers will have strengthened knowledge of and supportive attitudes and practices on key protection issues. An increased number of children in 10 counties who need protection and family-based reintegration will have access to inclusive, integrated social services. UNICEF will support the National Authority for Child Protection and Adoption in its coordinating and regulatory role, and promote and facilitate the complementary role of NGOs as accredited service providers, especially at local levels.

44. Secondly, the programme will focus on provision of integrated quality services for vulnerable children. UNICEF will support the development of capacities of local social services to provide inclusive and integrated community-based protection and restorative interventions. It will also support the establishment of a referral system. Innovative models of family-based care will be supported and assessed for possible replication. UNICEF will assist in national research and studies in order to better understand social support mechanisms of excluded groups, including the assessment and analysis of best practices, standards and norms of service providers and communities in targeted counties.

45. The main partners will include the Ministry of Labour, Social Solidarity and Family, the National Authority for Child Protection and Adoption, the Ministry of Education, Research and Youth, and the Ministries of Health, Justice and Internal Affairs. UNICEF will also work in partnership with a number of experienced NGOs, universities, research institutions, media, local authorities and youth and children's associations. The programme component will be funded primarily by other resources.

Health, nutrition and HIV/AIDS

46. Children and women in certain population groups, especially the Roma minority and in underserved areas, continue to have high levels of child morbidity and mortality, and poor nutritional status. The quality of health services is still low, especially in rural areas. There is a high number of unwanted pregnancies and subsequent abandonment of infants, particularly among young women. The Committee on the Rights of the Child emphasized the need to renew efforts to implement the National Health Strategy and to ensure that adolescents have better access to medical and psychosocial counselling, especially taking into account the high rate of new HIV/AIDS infections among young people, particularly minorities and the especially vulnerable. Discrimination is still encountered by the large group of children and young people living with HIV/AIDS.

47. This programme component will assist the Government to improve health and nutrition policies and services. Enhanced national policy and programme frameworks and standards will ensure that children and women have better access to client- and "youth-friendly" health facilities and to affordable, effective nutrition interventions. UNICEF will support the promotion of inclusive health and nutrition policies that include integrated approaches to family health and community services under the IMCI and Making Pregnancy Safer initiatives. Support will also be given to the development and monitoring of secondary reforms, including legislation and policies for child and maternal nutrition. In addition, UNICEF will assist the expansion of the community nurses' network to all underserved areas. Inter alia, this will help to ensure that the rate and duration of exclusive breastfeeding is increased. Caregivers in the same underserved areas will have the knowledge, skills and appropriate attitudes to practice eight identified key early childcare practices, as part of IMCI.

48. In the area of HIV/AIDS and youth health, and as a complement to activities being funded by the Global Fund to Fight AIDS, tuberculosis and malaria, the programme component will promote the rights of all children living with HIV/AIDS, with an emphasis on the 7,000-9,000 who were infected between 1986 and 1991. Children and young people with HIV/AIDS will have access to improved care and will experience less discrimination in their lives. Young people will have increased knowledge and skills and improved access to quality services needed to prevent HIV/AIDS, sexually transmitted infections and drug use. To this end, UNICEF will support life-skills-based education to promote awareness among young people. "Youth-friendly" services, including voluntary and confidential counselling, will be supported through innovative interventions and advocacy. Prevention of mother-to-child transmission of HIV will also be supported, primarily through policy development. Key partners will be the Ministry of Health and the multisectoral HIV/AIDS commission. This component will be funded primarily from other resources.

Education

49. A significant proportion of young children in Romania do not benefit from an integrated approach to ECD. The low enrolment rate of Roma children in pre-school and primary education is a major obstacle to breaking the intergenerational cycle of exclusion. There is a need to make the school environment, curricula and methodologies more inclusive, "child-friendly" and gender-sensitive. Children do not have opportunities to participate in decisions concerning their education. The Committee on the Rights of the Child underlined the need to increase the length of compulsory education and to ensure that primary and possibly secondary education be free for all children. It also urged that school curricula and teaching methodologies include critical thinking and problem-solving.

50. The programme component will lead to an increased number of children under six years of age, especially Roma children, having access to affordable and culturally sensitive ECD programmes in 10 of the most disadvantaged counties. An increased number of Roma children, particularly girls, will complete 10 years of compulsory quality education, with opportunities to realize their right to participation in educational structures and institutions that affect their lives.

51. The programme component will also promote an integrated approach to ECD. UNICEF will support the development of inclusive policies and standards for ECD, crèches and pre-schools. These efforts will build on ongoing reforms and pay particular attention to the inclusion of Roma and other disadvantaged children. The project will also support the development and implementation of ECD curricula.

52. Improving access to quality education for vulnerable groups will be another focus of the programme component. UNICEF will support the development of policies and strategies that will lead to increased enrolment and retention of Roma and other vulnerable children as part of compulsory education. The targeting of at-risk families with integrated services will be linked to the system of Roma school mediators and will be implemented in the same 10 target counties. UNICEF will support the development of curricula based on democratic citizenship and the principles of life-skills-based and civic education. Policies for mainstreaming the principles of gender equity, non-discrimination, inclusion and student participation will be supported. The main partners will be the Ministry of Education and Research and a number of experienced NGOs. The component will be funded from other resources.

53. **Cross-sectoral costs** will cover the salaries of programme, planning and support staff; technical assistance for several programmes; travel costs; expenses related to logistics, communication and information, including support to the UNICEF web site; and the launch of major cross-sectoral advocacy campaigns not directly related to individual programmes.

Major partnerships

54. The accession process includes ongoing legislative alignment and financial assistance from the European Union. The reform process forms the basis for strengthened partnerships over the coming years. UNICEF will work closely during the pre-accession period with the European Union delegation to contribute to the leveraging of new funding sources, including building new partnerships between the private sector and NGOs. A strong advocacy and communication strategy will be developed with key stakeholders and will facilitate this transition. Inter-agency cooperation will be ensured through the UNDAF and centre on common areas of concern as exemplified by HIV/AIDS and child trafficking. The UNDAF MTR will provide guidance for the development of partnerships for the last two years of the programme.

55. The protection component will be coordinated by the National Authority for Child Protection and Adoption, with main partners including the European Union, the World Bank, the Department for International Development (United Kingdom) and the United States Agency for International Development (USAID). The multi-sectoral HIV/AIDS commission, of which UNICEF is a member, coordinates the implementation of the National AIDS Strategy, with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria and the private sector. The Ministry of Health will coordinate interventions in the areas of health and nutrition with major contributions from the World Bank and USAID. Guided by the Ministry of Education, the main funding partners in compulsory education are the European Union and the World Bank, and will be complemented by the programme's focus on capacity-building and curriculum development. UNICEF will strengthen partnerships with the National Committees for UNICEF of European Union

members and with the private sector around regional priorities such as supporting the inclusion of Roma minority, and fighting HIV/AIDS and trafficking of children and women.

Monitoring, evaluation and programme management

56. A five-year integrated monitoring and evaluation plan (IMEP) will be developed and linked to the UNDAF monitoring and evaluation framework. This will include research, studies, surveys, evaluations and key indicators based on the country programme's summary results matrix and the UNDAF results matrix. Evaluations will be conducted on child protection reform, Roma education activities and specific components of the health programme. UNICEF will also support the evaluation of the UNDAF in 2008, in collaboration with the Government and national partners. The monitoring system will be based on annual monitoring and evaluation plans; regular field trips; progress reports; annual reviews; and the MTR. *DevInfo* will be used for monitoring of children's rights. The MTR, planned for 2007, will take into account recommendations related to the European Union accession process and to findings of the Committee on the Rights of the Child, whose report is due in October 2007.

57. The Ministry of Foreign Affairs will be the national coordinating body for the UNICEF country programme. A five-year country programme action plan and annual action plans will be developed together with relevant line ministries and subsequently reviewed and signed jointly by the Ministry of Foreign Affairs and UNICEF. These plans may be revised based on recommendations from annual reviews and the MTR.